



**APPLICATION FOR MEMBERSHIP
IN THE LODGE OF FREE AND ACCEPTED MASONS**

The Most Worshipful Prince Hall Grand Lodge of North Carolina and Jurisdiction, Incorporated

(Please Print Legible)

To: the Master Wardens and Members of _____ Lodge No. _____
F. & A.M., Located in _____ N.C.
Name _____ Date _____
Present mailing address _____ City _____ State _____ Zip _____
Telephone No. (____) _____ Previous Address _____ City _____ State _____ Zip _____
Age _____ Date of Birth _____ Place of Birth _____
Married or Single _____ If married, give maiden name of wife, state, county and date of marriage
_____ No. of children _____
Occupation _____ Where employed _____
_____ Have you ever made application for membership in a lodge of Masons
before? _____ If Yes, when? _____ and at what lodge and place? _____

State cause for failure to connect as a full member _____
Primary Beneficiary for Benevolence _____ Relationship _____
Secondary Beneficiary _____ Relationship _____
Are you a registered voter? _____ Name of Precinct _____
Are you a member of the NAACP? _____

The undersigned makes application for membership and affirms that being unbiased by friends and uninfluenced by mercenary motives, he freely and voluntarily offers himself a candidate for the mysteries of Masonry; and that he is prompted to this application by a favorable opinion conceived of the Institution, a desire for knowledge, and a sincere wish of being serviceable to his fellow creatures.

Should my petition be granted, I will cheerfully conform to all the ancient established usages and customs of the fraternity. FURTHER, I FULLY UNDERSTAND THAT I WILL NOT BE ELIGIBLE FOR BENEVOLENCE DEATH BENEFIT IF I AM 55 YEARS OLD WHEN I JOIN. DO YOU BELIEVE IN GOD OR A SUPREME BEING? _____

Recommended by (Mason in good Standing)

Signature of Applicant

PHYSICIAN'S HEALTH CERTIFICATE

Name _____ Address _____
Married or Single _____ Date of Birth _____ Age _____
General appearance as to health _____
Have you ever had a habitual cough? _____ Disease of bladder? _____
Disease of the kidney? _____ Girth of chest full inspiration _____ expiration _____
Height _____ Weight _____ Number of respirations per minute _____ Rate of pulse _____
Per minute, Regular? _____ Is respiration murmur clear in every part of both lungs: _____
Blood pressure: Systolic _____ Diastolic _____ Any medications _____
Is action of heart normal? _____ Any indication of disease in any of the vital organs? _____
Any serious operations? _____

Do you rate the applicant as a first class, fair or poor insurance risk? _____
I do hereby certify that I have examined the applicant name above is referred, and the answers are correct, except those entered on information, and these are believed to be correct.

Signed this _____ day of _____ 20____

M.D. Address _____

Date: Entered _____ Passed _____ Raised _____ Declined _____

¹ _____ Certified by _____ Secretary of Lodge

SUBMIT WITH PROPER FEES (All Applications Must Accompany A Supplementary Report)